Response to Reviewer's

We checked all references and made some corrections.

Reviewer's code: 03469232

Comment 1 : '*The term, 'elderly' needs to be clearly defined. Ageing is commonly evaluated by chronological age such as 65 years or more. However, as the authors mention, chronological age fails to show the heterogeneity observed in older individuals. Do the authors define the elderly by chronological age, or other clinical characteristics? If the authors do not adequately define 'elderly' in this review, I would suggest to address the limitation.*'

Response 1: 'Elderly' is defined as chronological age such as 'adults over age 65 years' and this information is added to introduction section.

Comment 2: *'When reviewing the current literature with regard to the treatment of type 2 diabetes in older patients, the associations of glycemic control (insulin resistance) with sarcopenia should be discussed.'*

Response 2: Sarcopenia and its association with type 2 diabetes mellitus is discussed clearly. 'Sarcopenia is characterised by a progressive decline in skeletal muscle mass and that is the reason for low muscle strength and impaired physical performance. Elderly (adults over age 65 years) individuals with type 2 DM have a great risk for sarcopenia and physical disability. The mechanism responsible for loss of musclein type 2 DM is uncertain. Changes in skeletal muscle protein turnover may be involved in such alterations in type 2 DM and it can play an essencial rol in this pathogenesis.'

Comment 3 : *'The authors describe that 'The characteristic feature of diabetes in elderly patients is postprandial hyperglycemia' in page 2. This needs citing the revevant paper(s).*

Response 3: Postprandial hyperglycemia in elderly patients is discussed and this information is added to **'**Diabetic characteristics in the elderly population' section. ' Glucose intolerance increases progressively by aging and the characteristic feature of diabetes in elderly patients is especially postprandial hyperglycemia. Decrease in beta-cell-compensating capacity with advancing age, leads to insulin resistance and it appears as a postprandial hyperglycaemia in the elderly'